## South Bend Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12-01-12	Address:	816 N. Main
Case #:	<u>12-18708</u>		Apt C
County:	St. Joseph		Mishawaka, IN
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (a  Residence Outbuilding Vehicle	check all that apply)  If I I I I I I I I I I I I I I I I I I
Items Found; Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s);   Red Phosphorous/Iodine Reaction(s):   Itemmable Solvents: apartment   Water Reactive Metal (Lithium):   Anhydrous Ammonia:   Hydrochloric Acid Gas Generator(s):   Corrosive Acid:   Corrosive Base: basement   Other (item and location):			
Child under age 18 discovered (check one)       Investigative Information         ☐ Yes (number present)       ☐ Ephedrine/Pseudoephedrine Tracking Log         ☐ No       ☐ Retail/Merchant Tip         *If yes, fax report to Child Protective Services       ☐ Other:police dispatch         This report is to be faxed to the following agencies that serve the location:         Fire Department: Mishawaka Fire Department       Fax: 258-1614         Health Department: St. Joseph County       Fax: 235-9497			
Child Prote	ction Service:	Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Sgt. Eric Beckham Phone 235-9406			

- \*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.